## Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

10043 953

|                                                                                                                                                                                                                          |                      | SMALL E                                   | OTHER THAN OR SMALL ENTITY |                               |              |                   |                     |                        |    |                     |                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------|----------------------------|-------------------------------|--------------|-------------------|---------------------|------------------------|----|---------------------|------------------------|
|                                                                                                                                                                                                                          |                      |                                           | (Column 1)                 |                               | (Column 2)   |                   | TYPE [              | TYPE                   |    | SMALL               | ENTITY                 |
| TOTAL CLAIMS                                                                                                                                                                                                             |                      |                                           | j O                        |                               |              |                   | RATE                | FEE                    |    | RATE                | FEE                    |
| FOR                                                                                                                                                                                                                      |                      |                                           | NUMBER FILED               |                               | NUMBER EXTRA |                   | BASIC FEE           | 370.00                 | OR | BASIC FEE           | 740.00                 |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                  |                      |                                           | /2_minus 20=               |                               | * _          |                   | X\$ 9=              |                        | OR | X\$18=              |                        |
| INDEPENDENT CLAIMS                                                                                                                                                                                                       |                      |                                           | Z - minus 3 =              |                               | *            |                   | X42=                |                        | OR | X84=                |                        |
| MU                                                                                                                                                                                                                       | LTIPLE DEPEN         | IDENT CLAIM PI                            | RESENT                     |                               |              |                   | +140=               |                        | OR | +280=               | 280                    |
| * If                                                                                                                                                                                                                     | the difference       | in column 1 is                            | less than ze               | ero, enter                    | r "0" in c   | olumn 2           | TOTAL               |                        | OR | TOTAL               | 1020                   |
| CLAIMS AS AMENDED - PART II                                                                                                                                                                                              |                      |                                           |                            |                               |              |                   |                     |                        | •  | OTHER               | THAN                   |
|                                                                                                                                                                                                                          |                      | (Column 1)                                | (Colum                     |                               | mn 2)        | (Column 3)        | SMALL               | ENTITY                 | OR | SMALL               |                        |
| AMENDMENT A                                                                                                                                                                                                              |                      | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                            | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY | PRESENT<br>EXTRA  | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE,               | ADDI-<br>TÍONAL<br>FEE |
|                                                                                                                                                                                                                          | Total                | *                                         | Minus                      | **                            |              | =                 | X\$ 9=              | -                      | OR | X\$18=              |                        |
|                                                                                                                                                                                                                          | Independent          | *                                         | Minus ***                  |                               | CLAIM        | =                 | X42=                |                        | OR | X84=                | AV                     |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                           |                      |                                           |                            |                               |              |                   | +140=               |                        | OR | +280=               |                        |
|                                                                                                                                                                                                                          |                      |                                           |                            |                               |              |                   | TOTAL<br>ADDIT. FEE |                        | OR | TOTAL               |                        |
| (Column 1) (Column 2) (Column 3)                                                                                                                                                                                         |                      |                                           |                            |                               |              |                   |                     |                        | 1  | ADDIT. FEE          |                        |
|                                                                                                                                                                                                                          |                      | CLAIMS                                    |                            | HIGH                          |              | (Coldinia 3)      |                     | ADDI-                  |    |                     |                        |
| AMENDMENT B                                                                                                                                                                                                              |                      | REMAINING<br>AFTER<br>AMENDMENT           |                            | NUM<br>PREVIO<br>PAID         | DUSLY        | PRESENT<br>EXTRA  | RATE                | TIONAL<br>FEE          |    | RATE                | AOD)<br>TIONAL         |
|                                                                                                                                                                                                                          | Total                | *                                         | Minus                      | **                            |              | =                 | X\$ 9=              |                        | OR | X\$18=              | 7                      |
|                                                                                                                                                                                                                          | Independent          | *                                         | Minus                      | ***                           | - OL AINA    | =                 | X42=                | ,                      | OR | X84=                | •                      |
| L.                                                                                                                                                                                                                       | FIRST PRESE          | NTATION OF MU                             | JLIIPLE DEF                | PENDENI                       | CLAIM        |                   | +140=               |                        | OR | +280=               |                        |
|                                                                                                                                                                                                                          |                      |                                           |                            |                               |              |                   | TOTAL               |                        | OR | TOTAL               |                        |
|                                                                                                                                                                                                                          |                      | ADDIT. FEE                                |                            | 10                            | ADDIT. FEE   |                   |                     |                        |    |                     |                        |
|                                                                                                                                                                                                                          |                      | (Column 1)<br>CLAIMS                      |                            | (Colui                        |              | (Column 3)        |                     |                        |    |                     |                        |
| AMENDMENT C                                                                                                                                                                                                              |                      | REMAINING<br>AFTER<br>AMENDMENT           |                            | NUM<br>PREVIO<br>PAID         | BER<br>OUSLY | PRESENT<br>EXTRA  | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                          | Total                | *                                         | Minus                      | **                            |              | =                 | X\$ 9=              |                        | OR | X\$18=              |                        |
|                                                                                                                                                                                                                          | Independent          | *                                         | Minus                      | ***                           |              |                   | X42=                |                        | OR | X84=                |                        |
| L                                                                                                                                                                                                                        | FIRST PRESE          |                                           |                            | J.                            |              | .000              |                     |                        |    |                     |                        |
| *                                                                                                                                                                                                                        | If the entry in colu | ımn 1 is less than t                      | he entry in colu           | ımn 2 write                   | e "O" in co  | lumo 3            | +140=               |                        | OR | +280=               |                        |
| **                                                                                                                                                                                                                       | If the "Highest Nu   | mber Previously P                         | aid For" IN THI            | S SPACE                       | is less tha  | n 20, enter "20." | TOTAL<br>ADDIT. FEE |                        | OR | TOTAL<br>ADDIT. FEE |                        |
| ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                      |                                           |                            |                               |              |                   |                     |                        |    |                     |                        |